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21559 7590 04/07/2008

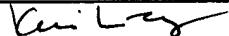
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Kerri Leary	(Depositor's name)
	(Signature)
June 26, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,809	07/21/2003	S. Ananth Karumanchi	01948/088004	6646

TITLE OF INVENTION: METHODS OF DIAGNOSING PRE-ECLAMPSIA OR ECLAMPSIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	07/01/2008 CNGUYEN3 \$10260035	10624884	07/07/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1440.00 OP	
DANG, IAN D	1647	424-198100		02 FC:1504	300.00 OP	
				03 FC:8021	30.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kristina Bieker-Brady, Ph.D.

Kimya F. Harris, Ph.D.

Clark & Elbing LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PI.FAS.F. NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Beth Israel Deaconess Medical Center

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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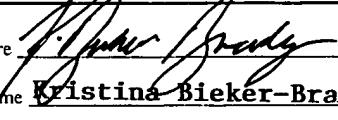
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Authorized Signature



Typed or printed name **Kristina Bieker-Brady, Ph.D.**

Date **June 26, 2008**

Registration No. **39,109**

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